



MA6910236

**McPHAIL ASSOCIATES, INC.**  
CONSULTING GEOTECHNICAL ENGINEERS  
30 NORFOLK STREET, CAMBRIDGE, MA 02139  
TEL: (617) 868-1420  
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## Transmittal

**RECEIVED**

JUN 16 2006

**To:** Municipal Permits Branch  
Office of Ecosystem Protection  
EPA-New England, Region 1  
1 Congress Street  
Suite 1100 (CMP)  
Boston, MA 02114-2023

**Attention:** Ms. Marelyn Toro

**Date:** June 16, 2006

**Re:** Museum of Fine Arts

**Job No:** 4166

CI STATE DEPT

☐ MAIL

☐ OVERNIGHT

☒ COURIER

<u>COPIES</u>	<u>DATE</u>	<u>DESCRIPTION</u>
1	06/14/2006	Notice of Intent for Discharge Under RGP MA9100000
1	06/15/2006	NOI Form
1	06/15/2006	BWSC Discharge Permit application Form

These are transmitted as checked below:


☐ For approval ☒ For your use ☐ As requested ☐ For review and comment ☐

cc: (By Mail)  
Massachusetts DEP, Division of Watershed Management (Attn: Mr. Robert D. Kubit)  
Boston Water & Sewer Commission (Attn: Mr. Frances McLaughlin)  
The Museum of Fine Arts (Mr. Charles H. Hall)

Signed

Eirlys H. Vanderhoff

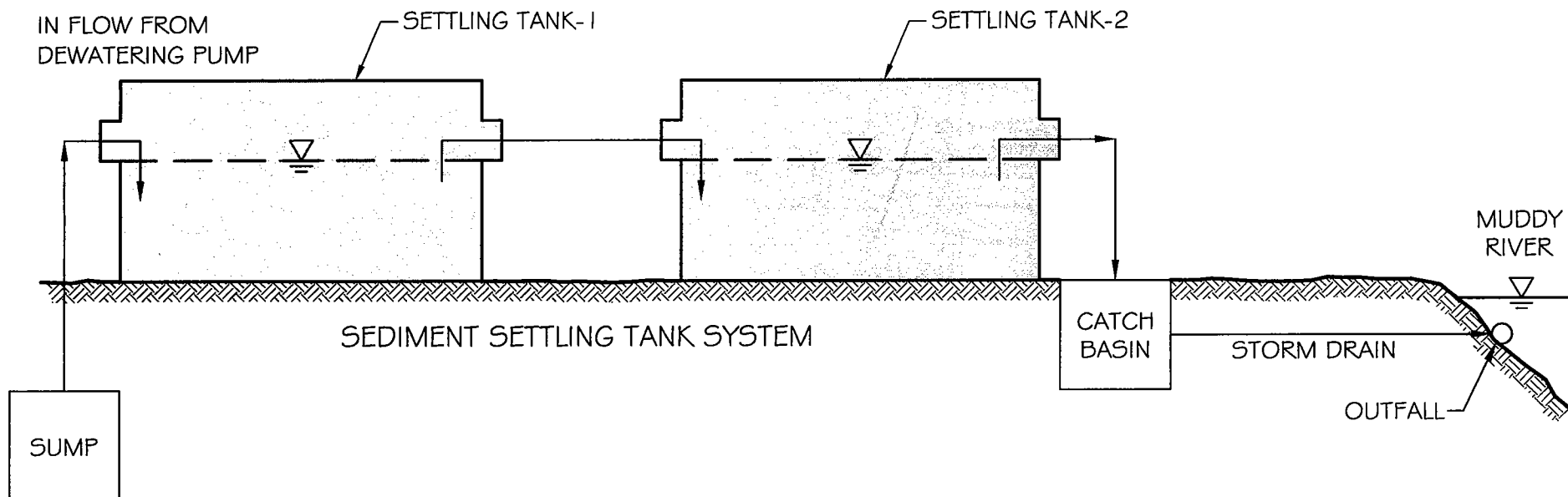
**B. Suggested Form for Notice of Intent (NOD) for the Remediation General Permit****1. General site information.** Please provide the following information about the site:

a) Name of facility/site:  Museum of Fine Arts, Boston		Facility/site address:  465 Huntington Avenue; Boston	
Location of facility/site: longitude: <u>71.09</u> latitude: <u>42.34</u>	Facility SIC code(s):  N/A	Street:  465 Huntington Avenue	
b) Name of facility/site owner: The Museum of Fine Arts		Town: Boston	
Email address of owner:  chall@mfa.org		State:  MA	Zip:  02115
Telephone no. of facility/site owner: (617) 369-3081		County:  Suffolk	
Fax no. of facility/site owner: (617) 369-3156		Owner is (check one): 1. Federal _____ 2. State/Tribal _____	
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:	
Street:			
Town:	State:	Zip:	County:
c) Legal name of operator:  The Museum of Fine Arts	Operator telephone no: (617) 369-3081		
	Operator fax no.: (617) 369-3156		Operator email: chall@mfa.org
Operator contact name and title: Charles H. Hall, Project Manager 			

Address of <b>operator</b> (if different from owner):	Street:		
Town:	State:	Zip:	County:
d) Check "yes" or "no" for the following: 1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ___ No <input checked="" type="checkbox"/> , if "yes," number: 2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ___ No <input checked="" type="checkbox"/> , if "yes," date and tracking #: 3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input checked="" type="checkbox"/> No ___ 4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes ___ No <input checked="" type="checkbox"/>			
e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes ___ No <input checked="" type="checkbox"/> If "yes," please list: 1. site identification # assigned by the state of NH or MA: 2. permit or license # assigned: 3. state agency contact information: name, location, and telephone number:		f) Is the site/facility covered by any other EPA permit, including: 1. multi-sector storm water general permit? Y ___ N <input checked="" type="checkbox"/> , if Y, number: 2. phase I or II construction storm water general permit? Y ___ N <input checked="" type="checkbox"/> , if Y, number: 3. individual NPDES permit? Y ___ N <input checked="" type="checkbox"/> , if Y, number: 4. any other water quality related permit? Y ___ N <input checked="" type="checkbox"/> , if Y, number:	

**2. Discharge information.** Please provide information about the discharge, (attaching additional sheets as needed) including:

a) Describe the discharge activities for which the owner/applicant is seeking coverage:  <p style="margin-left: 40px;">Construction dewatering for construction of a new wing at the east end of the museum. See attached report.</p>		
b) Provide the following information about each discharge:	1) Number of discharge points: 2 alternate points	2) What is the <b>maximum</b> and <b>average flow rate</b> of discharge (in cubic feet per second, ft <sup>3</sup> /s)? Max. flow <u>0.22</u> Average flow <u>.078</u> Is maximum flow a <b>design value</b> ? Y ___ N <input checked="" type="checkbox"/> For average flow, include the units and appropriate notation if this value is a design value or estimate if not available. Average flow = 0.078 cfs (35 gpm) (estimated value based on maximum excavation).
3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>71.09</u> lat. <u>42.34</u> ; pt.2: long. <u>71.09</u> lat. <u>42.34</u> ; pt.3: long. _____ lat. _____ ; pt.4: long. _____ lat. _____ ; pt.5: long. _____ lat. _____ ; pt.6: long. _____ lat. _____ ; pt.7: long. _____ lat. _____ ; pt.8: long. _____ lat. _____ ; etc.		



Geotechnical Engineers  
30 Norfolk Street  
Cambridge, MA 02139  
617/868-1420  
617/868-1423 (Fax)

MUSEUM OF FINE ARTS, PHASE I

BOSTON

MASSACHUSETTS

SCHEMATIC OF WATER FLOW

FOR

MUSEUM OF FINE ARTS

BY

McPHAIL ASSOCIATES, INC.  
CONSULTING GEOTECHNICAL ENGINEERS

Date: JUNE 2006

Dwn: F.G.P.

Chkd: E.H.V.

Scale: N.T.S.

Project No:

4166

4) If hydrostatic testing, total volume of the discharge (gals):	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes _____ No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>07/05/06</u> end <u>09/30/07</u>	
d) Please attach a line drawing or flow schematic showing water flow through the facility including: 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).	

SEE ATTACHED SCHEMATIC

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for **all** of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites <input checked="" type="checkbox"/>	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		<input checked="" type="checkbox"/>	1	grab	160.2	25.0	34	6.50		
2. Total Residual Chlorine	<input checked="" type="checkbox"/>		1	grab	330.1	50.0	ND			
3. Total Petroleum Hydrocarbons	<input checked="" type="checkbox"/>		1	grab	1664A	4,000	ND			
4. Cyanide	<input checked="" type="checkbox"/>		1	grab	335.2	5	ND			
5. Benzene	<input checked="" type="checkbox"/>		1	grab	624	1.0	ND			
6. Toluene	<input checked="" type="checkbox"/>		1	grab	624	1.0	ND			
7. Ethylbenzene	<input checked="" type="checkbox"/>		1	grab	624	1.0	ND			
8. (m,p,o) Xylenes	<input checked="" type="checkbox"/>		1	grab	624	2.0	ND			
9. Total BTEX <sup>4</sup>	<input checked="" type="checkbox"/>		1	grab	624	2.0	ND			

NOTE: SAMPLES OBTAINED FROM MONITORING WELLS

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)	✓		1	GRAB	504.1	0.019	ND			
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	GRAB	624	20	ND			
12. tert-Butyl Alcohol (TBA)	✓		1	GRAB	624	100	ND			
13. tert-Amyl Methyl Ether (TAME)	✓		1	GRAB	624	20	ND			
14. Naphthalene	✓		1	GRAB	8270	0.2	ND			
15. Carbon Tetra-chloride	✓		1	GRAB	624	1.0	ND			
16. 1,4 Dichlorobenzene	✓		1	GRAB	624	5.0	ND			
17. 1,2 Dichlorobenzene	✓		1	GRAB	624	5.0	ND			
18. 1,3 Dichlorobenzene	✓		1	GRAB	624	5.0	ND			
19. 1,1 Dichloroethane	✓		1	GRAB	624	1.5	ND			
20. 1,2 Dichloroethane	✓		1	GRAB	624	1.5	ND			
21. 1,1 Dichloroethylene	✓		1	GRAB	624	1.0	ND			
22. cis-1,2 Dichloro-ethylene	✓		1	GRAB	624	1.0	ND			
23. Dichloromethane (Methylene Chloride)	✓		1	GRAB	624	5.0	ND			
24. Tetrachloroethylene	✓		1	GRAB	624	1.5	ND			

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PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓		1	GRAB	624	2.0	ND			
26. 1,1,2 Trichloroethane	✓		1	GRAB	624	1.5	ND			
27. Trichloroethylene	✓		1	GRAB	624	1.0	ND			
28. Vinyl Chloride	✓		1	GRAB	624	2.0	ND			
29. Acetone			1	GRAB	624	10	ND			
30. 1,4 Dioxane	✓		1	GRAB	624	2,000	ND			
31. Total Phenols		✓	1	GRAB	420.1	30	60	0.0115		
32. Pentachlorophenol	✓		1	GRAB	8270	0.78	ND			
33. Total Phthalates <sup>5</sup> (Phthalate esthers)	✓		1	GRAB	8270	9.8	ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	GRAB	8270	9.8	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	GRAB	8270	0.2	ND			
a. Benzo(a) Anthracene	✓		1	GRAB	8270	0.2	ND			
b. Benzo(a) Pyrene	✓		1	GRAB	8270	0.2	ND			
c. Benzo(b)Fluoranthene	✓		1	GRAB	8270	0.2	ND			
d. Benzo(k) Fluoranthene	✓		1	GRAB	8270	0.2	ND			
e. Chrysene	✓		1	GRAB	8270	0.2	ND			

NOTE: SAMPLES OBTAINED FROM MONITORING WELLS

<sup>5</sup>The sum of individual phthalate compounds.



PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
<b>f. Dibenzo(a,h) anthracene</b>	✓		1	GRAB	8270	0.2	ND			
<b>g. Indeno(1,2,3-cd) Pyrene</b>	✓		1	GRAB	8270	0.2	ND			
<b>36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)</b>	✓		1	GRAB	8270	0.2	ND			
<b>h. Acenaphthene</b>	✓		1	GRAB	8270	0.2	ND			
<b>i. Acenaphthylene</b>	✓		1	GRAB	8270	0.2	ND			
<b>j. Anthracene</b>	✓		1	GRAB	8270	0.2	ND			
<b>k. Benzo(ghi) Perylene</b>	✓		1	GRAB	8270	0.2	ND			
<b>l. Fluoranthene</b>	✓		1	GRAB	8270	0.2	ND			
<b>m. Fluorene</b>	✓		1	GRAB	8270	0.2	ND			
<b>n. Naphthalene-</b>	✓		1	GRAB	8270	0.2	ND			
<b>o. Phenanthrene</b>	✓		1	GRAB	8270	0.2	ND			
<b>p. Pyrene</b>	✓		1	GRAB	8270	0.2	ND			
<b>37. Total Polychlorinated Biphenyls (PCBs)</b>	✓		1	GRAB	608	0.258	ND			
<b>38. Antimony</b>		✓	1	GRAB	6020	0.5	1.1	0.0002		
<b>39. Arsenic</b>		✓	1	GRAB	6020	0.5	9.5	0.0018		
<b>40. Cadmium</b>	✓		1	GRAB	6020	0.2	ND			
<b>41. Chromium III</b>		✓	1	GRAB	6020	0.5	2.6	0.0005		
<b>42. Chromium VI</b>	✓		1	GRAB	3500CR	20	ND			

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PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper		✓	1	GRAB	6020	0.5	13.4	0.0026		
44. Lead		✓	1	GRAB	6020	0.5	0.8	0.0002		
45. Mercury	✓		1	GRAB	245.2	0.2	ND			
46. Nickel		✓	1	GRAB	6020	0.5	6.3	0.0012		
47. Selenium		✓	1	GRAB	6020	1.0	9	0.0017		
48. Silver	✓		1	GRAB	6020	0.5	ND			
49. Zinc		✓	1	GRAB	6020	5.0	38	0.0073		
50. Iron		✓	1	GRAB	200.7	50	97000	18.53		
Other (describe):										

c) For discharges where **metals** are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a <b>reasonable potential</b> to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y <u>✓</u> N <u>    </u></p>	<p>If yes, which metals? Arsenic, cadmium copper, lead, mercury, zinc</p>
<p><i>Step 2:</i> For any metals which have <b>reasonable potential</b> to exceed the <b>Appendix III</b> limits, calculate the <b>dilution factor (DF)</b> using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: <u>Copper, Selenium and Iron</u></p> <p>DF: <u>5-50</u></p>	<p>Look up the limit calculated at the corresponding dilution factor in <b>Appendix IV</b>. Do any of the metals in the <b>influent</b> have the potential to exceed the corresponding <b>effluent</b> limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y <u>✓</u> N <u>    </u> If "Yes," list which metals: Iron</p>

NOTE: SAMPLES OBTAINED FROM MONITORING WELLS

**4. Treatment system information.** Please describe the treatment system using separate sheets as necessary, including:

<p>a) A description of the treatment system, including a schematic of the proposed or existing treatment system:</p> <p>The discharge will be passed through two settling tanks, each 5,000 gallons in capacity, in series. A test of the effluent will be completed prior to discharge into the storm drain system, and additional filtration and/or metal treatment will be added to meet permit limits</p>						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator	Equalization tanks ✓	Bag filter	GAC filter
	Chlorination	Dechlorination	<p>Other (please describe): An ionization tank will be added if pre-discharge testing of the effluent indicates an exceedance of dilution range concentrations for metals</p>			
<p>c) Proposed <b>average</b> and <b>maximum flow rates</b> (gallons per minute) for the discharge and the <b>design flow rate(s)</b> (gallons per minute) of the treatment system:  Average flow rate of discharge <u>35</u>      Maximum flow rate of treatment system <u>100</u>      Design flow rate of treatment system <u>N/A</u></p>						
<p>d) A description of chemical additives being used or planned to be used (attach MSDS sheets):</p> <p>None</p>						

**5. Receiving surface water(s).** Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct _____	Within facility _____	Storm drain <u>✓</u>	River/brook _____	Wetlands _____	Other (describe):
<p>b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters:</p> <p>See Figures 3 &amp; 4 in attached report. The construction dewatering discharge will be pumped to the Muddy River from storm drains along The Fenway and/or Forsyth Way, either through an un-numbered outfall at the Forsyth Way bridge, or from Outfall CSO046.</p>						

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water:

1. For multiple discharges, number the discharges sequentially.

2. For indirect dischargers, indicate the location of the discharge to the indirect conveyance and the discharge to surface water

The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas. See Figures 3, 4 and 5 in attached report

d) Provide the state water quality classification of the receiving water B,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water 6 cfs

Please attach any calculation sheets used to support stream flow and dilution calculations. See attached report

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes      No ✓ If yes, for which pollutant(s)?

Is there a TMDL? Yes      No ✓ If yes, for which pollutant(s)?

Bacteria (scheduled for completion in 2004)

**6. Results of Consultation with Federal Services:** Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes      No ✓

Has any consultation with the federal services been completed? No ✓ or is consultation underway? Yes      No ✓

What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):

a "no jeopardy" opinion?      or written concurrence      on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?

b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?

Yes      No ✓ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes      No ✓

**7. Supplemental information. :**

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

See attached report, "Notice of Intent for Construction Dewatering Discharge Under RGP MA910000, Museum of Fine Arts, Boston"

**8. Signature Requirements:** The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Facility/Site Name: The Museum of Fine Arts, Boston

Operator signature:



Title:

PROJECT MGR

Date:

6/15/2006

## Boston Water and Sewer Commission's Dewatering Discharge Permit Application

Facility/Business Name: The Museum of Fine Arts, Boston

Mailing Address: 465 Huntington Avenue, Boston MA 02115-5597

**Authorized Representative concerning information provided herein:**

Name: Mr. Charles H. Hall

Title: Project Manager

Phone #: 617-369-3081

Beeper #: \_\_\_\_\_

Fax #: 617-369-3156

Owner of property being dewatered: The Museum of Fine Arts

**Location of Discharge:**

Street 465 Huntington Avenue

Neighborhood Back Bay Fens

Phone # 617-369-3081

Discharge is to a: Sanitary Sewer

Combined Sewer

Storm Drain

(Circle One)

BWSC Outfall #: CSO-46

Receiving Waters: Muddy River

Temporary Discharges: 07/05/2006 To 09/30/2007 (Provide anticipated dates of discharge)

☐ Groundwater Remediation ☐ Tank Removal/Installation ☒ Foundation Excavation

☐ Utility/Manhole Pumping ☐ Test Pit ☐ Trench Excavation

☐ Accum. Surface Water ☐ Hydrogeologic Testing ☐ Other \_\_\_\_\_

**Permanent Discharges:**

☐ Foundation Drainage

☐ Crawl Space/Footing Drain.

☐ Accumulated Surface Water

☐ Non-contact/Uncontaminated Cooling

☐ Non-contact/Uncontaminated Process

☐ Other \_\_\_\_\_

1. Attach a Site Plan showing the source of the discharge and the location of the point of discharge (i.e. the sewer pipe or catch basin). Include meter type, meter number, size, make and start reading. All discharges are assessed current sewer charges.
2. If discharging to a sanitary or combined sewer, attach a copy of MWRA's Sewer Use Discharge permit or application.
3. If discharging to a separate storm drain attached a copy of EPA's NPDES Permit or NOI application, or NPDES Permit exclusion letter for the discharge, as well as other relevant information. See attached report
4. Dewatering Drainage Permit will be denied or revoked if applicant fails to obtain the necessary permits from MWRA or EPA.

Submit to: Mr. Francis M. McLaughlin Phone: 617-989-7000  
Manager, Engineering Customer Services Fax: 617-989-7716  
Boston Water and Sewer Commission  
980 Harrison Ave.  
Boston, MA 02119

-----BWSC Use Only-----

Date Received: \_\_\_\_\_ Comments: \_\_\_\_\_

# Boston Water and Sewer Commission's Dewatering Discharge Permit Application

Facility/Business Name: The Museum of Fine Arts, Boston

Mailing Address: 465 Huntington Avenue, Boston MA 02115-5597

Authorized Representative concerning information provided herein:

Name: Mr. Charles H. Hall

Title: Project Manager

Phone #: 617-369-3081

Beeper #: \_\_\_\_\_

Fax #: 617-369-3156

Owner of property being dewatered: The Museum of Fine Arts

Location of Discharge:

Street 465 Huntington Avenue

Neighborhood Back Bay Fens

Phone # 617-369-3081

Discharge is to a: Sanitary Sewer

Combined Sewer

Storm Drain

(Circle One)

BWSC Outfall #: CSO-46

Receiving Waters: Muddy River

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Submit to: Mr. Francis M. McLaughlin Phone: 617-989-7000  
Manager, Engineering Customer Services Fax: 617-989-7716  
Boston Water and Sewer Commission  
980 Harrison Ave.  
Boston, MA 02119

=====**BWSC Use Only**=====

Date Received: \_\_\_\_\_ Comments: \_\_\_\_\_